

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10688380

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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30		/				
31		/				
32		6				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40	/					
41		/				
42		/				
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44						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	73					
TOTAL CLAIMS	75					

74  
28  
33  
42  
75

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						